

## **National Laboratory Training Network Self-Study Module**

### **Advanced Microbiology Specimen Collection and Culture Workup**

Part 1 - Collection, processing and algorithms of blood cultures, sterile fluids (e.g., CSF), and urine specimens

Part 2 - Collection, processing and algorithms of wound, stool, respiratory, and genitourinary specimens

A CD-ROM is \$35.00, contains both parts, and each part is approved for 0.15 CEUs (1.5 contact hours). Upon successful completion of both parts, 0.3 CEUs can be earned.

The quality of results from a microbiology laboratory is dependent not only on the technique used and its interpretation by the medical technologist, but is dependent on the complete testing process, including pre-analytical, analytical and post-analytical. The pre-analytical component of the workup process is a very important and critical component to the quality of test results; the viability of organisms retrieved from a specimen can be dependent on the collection and transport of a specimen to the laboratory. In the laboratory the analytical process performed on the specimen helps to provide quality results to the physician.

This module addresses the importance of the pre-analytical and analytical process for the microbiology laboratory. Part 1 emphasizes the collection, processing and algorithms of blood cultures, sterile fluids (e.g., CSF), and urine specimens. Part 2 emphasizes wound, stool, respiratory, and genitourinary specimens.

Complete the accompanying registration form or contact the National Laboratory Training Network - Chicago Office [mwoffice@nltn.org](mailto:mwoffice@nltn.org) or 312.793.3306 for information.



A training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC).

# National Laboratory Training Network Registration Form

(Please type or print.)

<b>Training Event Title: Advanced Microbiology Specimen Collection and Culture Workup (Part 1 and Part 2)</b>		
<b>Event Code:</b> Part 1 (510-091-05) Part 2 (510-092-05)	<b>Date:</b> self-study	<b>Location:</b> self-study
<b>Applicant Information</b>		
(Dr./Mr./Miss./ Ms./Mrs.) First Name: M.I. Last Name:		
Employer's Name:		Position Title:
Mailing Address: (Please specify, Employer's or your Home address?)		
City	State/Country	Zip/Postal Code
Work Phone Number:		Work Fax Number:
E-mail Address: (E-mail future training event notifications? Please circle, YES or NO.)		
Signature of Applicant:		Date:

(Please review all options in the three categories before circling the one most appropriate in each category.)

<b>Occupation</b> 01 Physician 02 Veterinarian 04 Laboratorian 05 Nursing Professional 06 Sanitarian 08 Administrator 11 Safety Professional 13 Educator 14 Epidemiologist 15 Environmental Scientist 12 Other _____	<b>Education Level</b> (Highest Completed) Degree 04 Associate 05 Bachelor 06 Masters 07 Doctoral (M.D.) 08 Doctoral (Other than M.D.) 09 Technical/Hospital School 03 Some College 02 High School Graduate 01 Some High School 10 Other _____	<b>Type of Employer</b> 01 Health Department (State or Territorial) 03 Health Department (Local, City or County) 04 Government (Other Local, not City or County) 05 Centers for Disease Control and Prevention 09 U.S. Food and Drug Administration 11 U.S. Department of Defense 12 Veterans Administration Medical Center/Hospital 15 Other (Federal Employer) _____ 16 Foreign 19 College or University 21 Private Industry 23 Private Clinical Laboratory 24 Physician's Office Laboratory/Group Practice 17 Hospital (Private Community) 33 Hospital (Other) 25 State Funded Hospital 26 City or County Funded Hospital 28 Health Maintenance Organization 31 Non-profit 32 Unemployed or Retired 30 Other _____
<small>The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ASTDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017). CDC 32.1 (Rev. 6/17/2003)</small>		

Card Holder's Name		Amount of Payment	Card Number
Address		City, State, Zip	Expiration Date
Telephone Number	Date	<b>REGISTRATION FEE: \$35.00</b> (Please check one form of payment.) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express  <input type="checkbox"/> Enclosed is a check or money order payable to <b>APHL</b> (Association of Public Health Laboratories).	
Signature			

Please submit this registration form by mail or fax (312-793-3304) to:  
**National Laboratory Training Network, Attn: Registration**  
2121 West Taylor St, Chicago, IL 60612    Questions? Call 312-793-3306 or e-mail [mwoffice@nltn.org](mailto:mwoffice@nltn.org).

